



www.pinsco.com
(877) PI-EASY2
(877) 743-2792
746 Alexander Road, Princeton,
New Jersey 08540-6305

Supplemental Form

Underwriting Questions for Physicians Performing Bariatric Surgeries

Physician Name: Neelul Pal Corporation Name: University Medical Center at Princeton

1. Please describe your training regarding bariatric surgery with one or more of the choices below:
a) If you are an established bariatric surgeon describe to us your experience.

Entering one year fellowship in bariatric surgery

- b) Describe your experience in residence training where bariatric surgery was performed.

Hackensack Univ. Med center - established bariatric surgery program, assisted in cases

- c) Describe mentoring with an experienced bariatric surgeon and attach a reference letter from that surgeon.

Fellowship training

- d) Describe preceptor training given by and accredited by the American Society for Bariatric Surgeons. (Short Course)

One year fellowship

2. Are you a member of the American Society for Bariatric Surgeons? Yes No
3. Have you attended an annual meeting of the American Society for Bariatric Surgeons as a member or as a non-member? Member Non-Member
4. Describe your continuing education courses related to bariatric surgery you have completed in the last 2 years.
none

5. How many bariatric surgery procedures have you performed in your career? ~200 (assisted)
6. How many bariatric surgery procedures have you performed in the last year? ~200 (assisted)
7. How many bariatric surgery procedures do you anticipate performing in the next 12 months? 150
8. What type of bariatric procedure(s) will you perform?

- | | |
|--|---|
| <input type="checkbox"/> Biliopancreatic Bypass | <input type="checkbox"/> Biliopancreatic Bypass with Duodenal Switch |
| <input checked="" type="checkbox"/> Gastric Banding | <input checked="" type="checkbox"/> Gastric Bypass Long Limb Roux-en-y |
| <input checked="" type="checkbox"/> Gastric Bypass Roux-en-y | <input checked="" type="checkbox"/> Revisions and/or Re-Operations |
| <input type="checkbox"/> Vertical Banded Gastroplasty | <input checked="" type="checkbox"/> Surgical treatment for Gastric Leaks <u>pym</u> |

Underwriting Questions for Physicians Performing Bariatric Surgeries – Continued

9. What percentage do you perform using laparoscopic? 90 Open surgery? 10
- a. If laparoscopic, have you performed open bariatric procedures? ☒ Yes No
- b. If laparoscopic, do you accept patients for laparoscopic bariatric revisions? ☒ Yes No
- c. If laparoscopic, what other laparoscopic procedures do you perform?

NS
Bariatrics
rates

| Laparoscopic Procedure | Number of Procedures |
|------------------------|----------------------|
| <u>NA</u> | |
| | |
| | |
| | |

10. What is your leakage rate? 1%
11. What is your mortality rate? 0.5%
12. What is your complication rate? < 10%

NS Bariatrics
rates

13. Please list the hospitals where you will be doing bariatric surgery

University Medical Center at Princeton, NJ

14. Do the facilities at which you perform these procedures have proper equipment, facilities, and support staff to accommodate the special patient needs? ☒ Yes No
(Larger beds, hoists, CAT Scans, etc.)

- * 15. Describe your informed consent process.

Face to face with attending MD
Reviewed with nurse practitioner

16. Is there documentation reflecting that informed consent was discussed with patient including risks, benefits, alternatives possible complications, etc. ☒ Yes No

17. Do you obtain a signed consent form? ☒ Yes No If yes, please attach a copy of your consent form.

- * 18. Describe how you qualify the patient as a candidate for bariatric surgery.

Per NIM guidelines

- * 19. Describe what post operative support services are available to your patients.

Nutrition counselling
Psych
GI and other medical specialties

- * Note that both New Jersey Bariatrics, p.c. and the University Med Ctr at Princeton are designated as a national bariatric surgery Center of Excellence.

20. Do you own or operate any healthcare facility with bed and board facilities of laboratory or other business enterprise? Yes No

If yes, provide details:

21. Do you perform any procedures or diagnostic test in your office that you are not credentialed to do in any healthcare facility? Yes No

If yes, provide details:



Signature

June 7, 2006

Date